

HOPELESSNESS IN
ADOLESCENT ALCOHOL
ABUSERS

By
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ABSTRACT

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The relation between the age that individuals received a Juvenile Alcohol Violation citation and the psychological characteristics of hopelessness will be investigated in subjects under the age of twenty one who were enrolled in the Youth Alcohol and Drug Education program at Northeast Wisconsin Technical College and Fox Valley Technical College. Beck's Hopelessness Scale will be used to determine the level of hopelessness in each subject and will be linked to the corresponding age of the subject. The findings will address the relationship between the age of receiving a Juvenile Alcohol Violation citation and the level of hopelessness perceived by the subjects. The relationship between the psychological characteristics of hopelessness and the age of the subjects may suggest that the academic approach to underage drinking diversion may not be sufficient in addressing the needs of the younger subject.

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CHAPTER ONE

INTRODUCTION TO THE PROBLEM

Substance abuse by adolescents goes back generations. Although substantial efforts have been made to address the problem, there appears to have been little progress made in interrupting the cycle. In Outagamie County Wisconsin, a program designed for underage drinking diversion has been in existence since the late 1980's. In spite of efforts to combat the consumption of alcohol by youth, the number of citations for Juvenile Alcohol violations has continued to rise. In 1997, substance abuse among 12 to 17 year old children rose to 11.4 percent according to the *1997 National Household Survey on Drug Abuse* conducted by the Substance Abuse and Mental Health Services Administration. Even more alarming may be that while substance abuse increased in youth, the perceived risk of harm from substance use diminished (Winters, 1999). This trend may account for the fact that thirteen or fourteen is the average age of first consumption of alcohol in the state of Wisconsin (Winters, 1999). The legal age for alcohol consumption in the state of Wisconsin is twenty one, so for many of these youth there is a seven or eight year window for Juvenile Alcohol violations. Juvenile violations of the law include possession and consumption of alcohol as well as operating under the influence of alcohol. For the majority of youth in Wisconsin the opportunity to participate in an Alcohol and Drug Education program upon the receipt of their first

Juvenile Alcohol violation for consumption or possession appears to impact only a small percentage of youth in the efforts to combat underage drinking. The premise behind the development of the program is, that with adequate education youth in Wisconsin would decrease their use of alcohol and avoid further legal problems associated with that use.

A report by the Wisconsin Statistical Analysis Center (Eversen, et al. 1996) indicates that the juvenile arrest rate for liquor violations was 835 per 100,000, five times higher than the national rate of 168 per 100,000. Wisconsin has attempted to curb underage drinking through a combination of stricter enforcement and education with little impact on the number of juvenile arrests made for consumption. The traditional approach to education for alcohol and substance abuse has been to provide information concerning various substances and their effects on the individual both physically and emotionally (Winter, 1999). The other component to education has been addressed through relaying information about the laws as they currently exist and apply to adolescents and young adults. This cognitive approach to decreasing the alcohol and other drug abuse (AODA) by underage drinkers has proven to lack the necessary ingredients for significant intervention in the cycle of abuse. There is no significant difference between students in the 1993 and 1997 samples with regard to any of the measures of alcohol use (Kadel, 1999).

The use of substances may compromise the mental and emotional development from youth into adulthood because substances interfere with how people approach and

experience interactions. The interference by substances on this development has far-reaching and possibly long-term effects.

Adolescence is the time when youth explore who they are and establish an identity based on those explorations. Erickson describes this period of free experimentation before a final sense of identity is achieved as psychosocial moratorium (Erickson 1950). Adolescents and young adults struggle with this developing sense of who they are and also what they want out of life. The answers to these questions are among the most important tasks people face in life since without answers people will not be prepared to make major decisions for their lives (Glasser 1992). It is during this time that adolescents and young adults must develop a unique personality and sense of self while still attempting to conform to the rules of their families and communities, and seek the acceptance and approval of their peers all at the same time. Approval seeking of peers may include the use of alcohol and other drugs. Along with the use of alcohol and other drugs as an approval-seeking behavior, youth also use substances to change the way they feel about themselves and their environment. This use of substances appears to have the opposite effects on the youth however since longitudinal studies clearly establish an association between adolescent substance abuse disorders and impulsive behavior, alienation and psychological distress (Shedler, Block 1990). So it would appear that an adolescent's struggle to establish an identity and function independently of their parents could facilitate a lowered self-esteem in some youth.

The role of self-esteem has been particularly salient in Brown and Harris's (1978) psychosocial model of depression. According to this model, self esteem is purported to moderate the impact of life stress, low self esteem will increase the chance for a general appraisal of hopelessness (Brown, Harris, 1978). Hopelessness can be defined as negative or pessimistic expectations toward the future, or one's present self (Beck, Trexler, Weissman. 1974). For individuals who feel a sense of hopelessness in their lives, the drive to make decisions and follow through can be impaired. During adolescents the sense of hopelessness impacts not only the decision making process, but their entire concept of the consequences associated with those decisions. So for youth who feel they have nothing to look forward to, the use of substances and the consequences associated with that use would not be a sufficient deterrent to the behavior.

Statement of the Problem

Based on the limited success of current alcohol and other drug diversion programs in preventing substance abuse by the youth in our country it appears that the academic approach to the issue needs to be expanded to include identification of youth hopelessness factors. If in fact youth that abuse alcohol and other drugs have a higher degree of hopelessness than the youth who do not, than a cognitive approach which does not encompass the factor of hopelessness will not be effective in curtailing the continued use of substances.

Purpose of the Study

The purpose of this study is to determine the level of correlation between the onset of substance abuse, as measured by the age of the violators of Wisconsin Juvenile Alcohol laws, and the level of hopelessness, as measured by the Beck Hopelessness Scale, for students enrolled in the Youth Alcohol and Drug Education Program at Fox Valley Technical College and Northeast Wisconsin Technical College. Research shows that adolescents use alcohol for many reasons, some of which are to change how they feel and experience the world around them due to low self-esteem. Studies have also shown that lower self-esteem is linked to feelings of hopelessness. Therefore, youth with substance abuse problems will show a high degree of hopelessness.

Objectives of the Study

The objectives of this study were to determine:

1. The age of the students at the time they received a citation for underage drinking.
2. The difference between the level of hopelessness in the students ages sixteen and younger and the level of hopelessness in the students ages seventeen to twenty.

Significance of the Study

The success of the current alcohol and drug diversion programs for students receiving underage drinking citations is limited at best in preventing continued substance abuse by the youth. If the younger students in the program have a higher level of hopelessness than do the older students, then the cognitive approach to the reduction

of future substance abuse may not be effective, and the need for the development of a more effective program for younger violators will be evident.

CHAPTER TWO

REVIEW OF THE LITERATURE

Background

There has been many studies done concerning the use and abuse of alcohol and drugs by adolescents. Studies indicate that the age of alcohol use for the first time continues to decline. Much of the research suggests a relationship between AODA and self-concept, and self esteem. Emotional and behavior problems have long been associated with the use of substances by adolescents. One feature of emotional problems is depression, which is closely related to hopelessness. Although decreasing the use of drugs and alcohol has been a priority for several years in the Wisconsin, little impact has been made. If hopelessness is evident in adolescents the incentive to change behavior may be relatively low, therefore, rendering education for AODA ineffective. This may account for the increasing number of citations issued in Wisconsin for Juvenile Alcohol violations.

Alcohol is literally killing the youth of the United States. Thirty-three percent of deaths in adolescents and young adults are caused by traffic accidents. Homicide and suicide account for 22% and 13% of deaths respectively. While motor vehicle crashes kill and injure more young people than any other cause, in about one third of these crashes alcohol is a factor. There were 14 young drinking drivers involved in fatal

crashes for every 100,000 young licensed drivers in 1995. That rate is twice that of drivers' aged 21 and older. Society has implemented any number of measures in an attempt to decrease the use of alcohol and drugs by adolescents and young adults without substantial success. Alcohol and Drug Education programs have had minimal impact on the youth that have been involved in such programs. Substance abuse often begins and escalates during adolescence, as does the early signs of emotional disturbances. The relationship between the two is not clearly understood at this time, although both of these issues present significant problems for society. There appears to be an association between low self-esteem and substance abuse, this connection is enmeshed in the behavioral and emotional problems experienced by youth that use alcohol. Low self esteem, depression and hopelessness are closely connected, and to effectively interrupt the cycle of substance abuse in adolescents these factors should be addressed in addition to the education on substance use, abuse and the legal consequences associated with that use.

Substance Abuse

In spite of the fact that the United States declared a war on drugs, the use of both alcohol and other drugs has not declined at all in adolescent, but on the contrary, increased. Studies show that only twenty-three percent of Wisconsin youth, under the age of eighteen, report that they have never had a drink, while over twenty-five percent of the youth indicate that they had their first drink as children ten years of age or

younger (Winter 1999). Approximately seven to eight percent of adolescents aged twelve to thirteen reported use of alcohol within the past thirty days, and about two percent of those students reported being drunk in the past year (SAMHSA 1999). This study indicates that the use of alcohol occurs very early in adolescents, almost in childhood. Half of all the students surveyed had at least one drink in the past thirty days and nearly one third of them consumed five or more drinks at one time during that same period (Winter 1999). This compares to the 1995 reports which found nearly the same percentage of adults in Wisconsin had at least one alcoholic drink in the past month, however only about one fifth of adult had consumed five or more during that same period. The frequency and the number of drinks per occasion increase with the age of the youth, with binge drinking being more prevalent among males, however this prevalence does not differ among the younger adolescents.

Emotional Disturbance

In a study done by the Substance Abuse and Mental Health Services Administration (SAMHSA) in 1998 a connection between substance use and mental disorders was indicated. The study cites that in a general population sample aged eighteen and older found that any past history of mental disorders was associated with more than twice the risk of having an alcohol disorder (Regier et al., 1990). The National Comorbidity Survey (NCS) found that anxiety, mood, antisocial personality disorder, and substance abuse were highly comorbid in a general population aged fifteen

to fifty four (Kessler et al., 1994). The lifetime co-occurrence of mental disorders with addictive disorders was estimated to be approximately fifty percent (Kessler et al., 1996). The mental disorder preceded the addictive disorder in eighty-three and one half percent of co-occurrences, developing most frequently during adolescents. The median age of onset of the mental disorders was eleven, compared to the median age of twenty-one for the subsequent onset of an addictive disorder (Kessler et al. 1996).

Estimates of co-occurring mental disorders and substance abuse problems among adolescents range from twenty two to eighty two percent (SAMHSA 1999). Many studies concerned with psychopathology in adolescents have found evidence of an association between behavioral or emotional problems and substance use.

The severity of emotional problems is associated with increased incidence of alcohol use. Adolescents with high levels of emotional problems were almost twice as likely to have consumed alcohol as those adolescents who report low levels of emotional problems (SAMHSA 1999). The likelihood of binge drinking and drunken episodes in the past year was associated with the severity of the emotional problems of the youth.

Behavioral problems were another factor associated with the use and abuse of substances. In the most cases conduct disorders was cited. Adolescents with serious behavior problems were nearly three times more likely to use alcohol than adolescents with lower levels of behavior problems. The likelihood of binge drinking and past year drunken episodes increased with the severity of behavioral problems.

Adolescence is a difficult developmental period in life that may precipitate the onset of emotional problems or substance abuse (Erickson 1950). Substance use may be the result of disinhibiting influence of psychological factors such as impaired judgement or impulsivity. The use of various chemicals has been found to impact the physical, emotional and mental development of youth. Substance abuse has been associated with high-risk behaviors (Winter, 1999) the highest correlation being between alcohol use, drug use, tobacco use and sexual activity. Prevalence patterns have provided evidence of vulnerability relations between specific mental and addictive disorders (SAMHSA 1999). It has been proposed that substance abuse is an attempt to self medicate for dealing with such feelings as anxiety or depression (Khantzian, 1985). Self medication as a motivation for substance use by adolescents may be using chemicals to change the way they feel, forget unpleasant experiences or fulfill a need state that cannot be otherwise gratified.

Hopelessness

Hopelessness has been defined as having a negative expectation of oneself and the future, and one of the core characteristics of depression (Beck et al, 1974). Aaron T. Beck developed the Hopelessness Scale in the 1960's. The scale was developed out of the need to assess the respondents' negative expectations of the future. Pessimism has been measured as the cognitive dimension of hopelessness (Beck et al, 1974).

Depressed individuals, by virtue of negative schemas, are proposed to hold attitudes and

beliefs that are dysfunctional in nature (Moilanen, 1995). Although Beck's theory was derived by his clinical work with adults, in a study to investigate the validity of Beck's cognitive theory of depression in adolescents, the most significant depressive symptomatology was associated with the Dysfunctional Attitude Scale and the Hopelessness Scale. With respect to self-related information processing, lower self-evaluation of one's performance and lower self-esteem were found to be associated with depressive experiences of both children and adolescents (Moilanen, 1995).

Beck viewed hopelessness not as a stable trait, but rather as a psychological state, which is subject to escalation during times of intrapsychic turmoil (Kashani, Reid, Rosenberg, 1989). In a study to investigate levels of hopelessness in children and adolescents, results indicate that high hopelessness is consistent with poor performance and functioning in school (Kashani, Reid, Rosenberg, 1989). It is in the academic arena that effort is required by the youth, and when an adolescent is convinced that his or her best efforts will not ensure future success, the performance becomes meaningless and unimportant.

The ability to generate solutions to problems is a sign of healthy psychological functioning. A sense of hopelessness may originate out of a temporary or permanent cognitive deficiency, resulting in difficulty generating solutions to problems. This obstacle to problem solving leads to a state where the youth begins to feel that there is no way out of the stressful situations, resulting in feelings of hopelessness. Since

adolescents have fewer life experiences to draw from, they have fewer resources available for problem solving. Hopelessness resulting from futile attempts at successful problem solving contributes to lower levels of self-esteem and so the cycle continues.

Behavior Change

As feelings of hopelessness increase, levels of motivation decrease, (Shiomi, 1995) studies show a significant correlation with “negative expectations in the close future”, and weaker motivation. With declining motivation on the part of adolescents to exert efforts toward change, little hope is held for underage drinking diversion programs to impact on behavior. In a longitudinal inquiry by Shedler and Block they state that current effort at substance abuse education is “flawed on two counts” (Shedler, Block, 1990). The study indicates that education is “pathologizing normative adolescent experimentation and limit-testing, and perhaps frightening parents and educators unnecessarily”, and of greater concern to the writers was the fact that they perceived educators to “trivialize the factors underlying drug abuse”. They further suggest that society’s limited resources may be better invested in interventions that focus on the personality syndrome underlying problem substance abuse (Shedler, Block, 1990). Along with several suggestions for better education, they encourage efforts that focus on fostering and building self-esteem in youth. The premise is that substance abuse is not a “lack of education” so much as a need to address the psychological triad of alienation, impulsivity, and distress (Shedler, Block, 1990).

CHAPTER THREE

METHODOLOGY

The purpose of the study is to determine the level of correlation between the onset of substance abuse as measured by the age the students received citations for violations of Wisconsin Juvenile Alcohol laws, and the level of hopelessness as measured by the Beck Hopelessness Scale. The objectives of the study is to determine if the level of hopelessness indicated in the students aged sixteen and under is higher, as compared to the level of hopelessness indicated by the students ages seventeen to twenty.

Subjects

The subjects for this study are adolescents and young adults, under the age of 21, who are enrolled in the Youth Alcohol and Drug Education program at Fox Valley Technical College, in Appleton Wisconsin, and Northeast Wisconsin Technical College, in Green Bay Wisconsin. This course is designed specifically to educate youth that have received a citation for Juvenile Alcohol violations of the Wisconsin law.

Instrumentation

The Beck Hopelessness Scale will be used to measure the level of hopelessness in the program students. The Beck Hopelessness Scale is a self-report instrument that is composed of 20 true-false questions assessing the expectation that one will be able to attain things of value or overcome unpleasant life situation. Nine questions are keyed

false and 11 are keyed true, with one point being assigned to negative expectations and zero points being assigned to positive expectations. The responses are summed to total scores ranging from 0 to 20. The survey takes approximately ten minutes to complete.

Procedures

All students under the age of eighteen were given written consent forms to be signed by parents or legal guardians prior to completing the surveys. The Hopelessness scale was administered to the students at Fox Valley Technical College and Northeast Wisconsin Technical College during the first class session of the Youth Alcohol and Drug Education program. Four class sections were surveyed, two classes at each of the schools. An explanation of the survey was given to the students after the completion of the scale. The criterion met in the measure of hopelessness was linked to the age of the subject.

Method of Analysis

Pearson Product Moment Correlation was used to analyze the data. The computation of the correlation coefficient for the entire group shows a moderate degree of inverse linear relationship between the age at onset of alcohol abuse, which will be indicated by the receipt of a Juvenile Alcohol citation, and the level of hopelessness identified at the time the survey was administered. In this study the level of hopelessness decreases as the age of the respondents increases.

CHAPTER FOUR

DATA ANALYSIS

A total of forty-eight students were surveyed in the Alcohol and Drug Education programs at Fox Valley Technical College and Northeast Wisconsin Technical College. Of the forty-eight respondents, eighteen respondents were aged sixteen and younger, and thirty respondents were aged seventeen and older. The youngest respondent was aged fourteen, and the oldest respondent was age twenty. The Beck Hopelessness scale was administered to the respondents during the first class session. Twenty true and false questions were asked with the greatest possible criteria met being twenty.

The greatest number of criteria met on the hopelessness scale by the respondents surveyed was ten, while zero criteria were identified by a total of eighteen respondents.

In Table I the mean age of the entire group was 17.25, and the mean number of criteria met on the hopelessness scale was 2.166666. The correlation coefficient for the entire group of respondents is -0.36854 , which indicates a moderate inverse relationship between age and level of hopelessness identified on the survey. As the age of the respondent increases the number of criteria met decreases.

TABLE 1

N = 48
Mean of x (age of respondent) = 17.25000
Mean of y (criteria met) = 2.16666
DF = 46
Correlation coefficient = -0.36854

When the groups were separated into respondents aged sixteen and younger and respondents aged seventeen and older the correlation coefficient changed dramatically. Table 2 indicates the criteria identified by each respondent by age. Some criteria identified may be a reflection of personality, yet the respondents sixteen and younger demonstrate a more hopeless outlook in general. Four respondents in the group aged sixteen and younger identified zero criteria on the survey, while thirteen of the respondents aged seventeen and older identified zero criteria. One respondent aged sixteen and younger identified ten criteria while none of the respondents aged seventeen and older identified greater than seven criteria on the survey.

TABLE 2

Criteria Met	14 yr.	15 yr.	16 yr.	Total	17 yr.	18 yr.	19 yr.	20 yr.	total	Total
0	0	0	4	4	3	8	2	1	13	18
1	0	0	1	1	0	2	0	1	3	4
2	0	0	4	4	0	1	1	2	4	8
3	0	1	3	4	3	1	0	1	5	9
4	0	0	0	0	1	0	0	0	1	1
5	0	1	0	1	0	1	0	0	1	2
6	1	0	0	1	0	0	0	1	1	2
7	0	2	0	2	1	0	0	0	1	3
8	0	0	0	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0	0	0	0
10	0	0	1	1	0	0	0	0	0	1

In Table 3 the mean age of the respondent is 15.6667, slightly younger than sixteen years of age, and the mean of the criteria identified on the survey is 3.1111. The mean of the criteria identified on the survey by the respondents sixteen and younger is significantly higher than the mean of criteria identified by the respondents aged seventeen and older. The correlation coefficient for this group is -0.533 which indicates

that the respondents aged sixteen and younger tend to feel more hopeless. Although this group of respondents surveyed identified an average of three criteria, general predictions cannot be made by the data collected. Responses to the survey varied widely.

Table 3

N = 18
Mean of x (age of respondent) = 15.6667
Mean of y (criteria met) = 3.1111
DF = 16
Correlation coefficient = -0.533

Table 4 denotes that the mean of age the respondents aged seventeen and older was 18.2 and the mean of the criteria identified was 1.6, resulting in a correlation coefficient of -0.095 . This suggests there is virtually no correlation relationship either positive or negative between age and criteria identified on the hopelessness scale. With this group of respondents the criteria identified on the survey also varied greatly and general predictions cannot be made based on the data collected.

Table 4

N = 30
Mean of x (age of respondent) = 18.2
Mean of y (criteria met) = 1.6
DF = 28
Correlation coefficient = -0.095

Taken as a whole this data indicates that as the age of the onset of alcohol abuse increases, the level of hopelessness experienced by the respondents' decreases. This is particularly evident in the respondents' aged sixteen and younger where there appears to be a relationship between the level of hopelessness identified and the age of onset.

The limitations to this study include a large number of unknown factors, some of which are the duration of the substance use and the extent of the abuse by each of the respondents. The survey was not given prior to the receipt of the Juvenile Alcohol citation and does not allow for the increase of hopelessness felt by the respondents after their arrest and conviction.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

The state of Wisconsin continues in efforts to curb alcohol abuse by adolescents and young adults who are under the age of twenty-one. Every year new laws are passed to sanction the youthful offenders and new programs are begun to address this growing problem, but there appears to be little success in deterring under age drinking. If the perspective of the alcohol abusers is one of pessimism and hopelessness than the ability to motivate them to more responsible behaviors may be difficult. As the age of alcohol abuse continues to decline it may well be connected to the feeling that little can be done to secure a more promising future, “so why try?”.

Summary

By the time an adolescent or young adult receives a citation for underage alcohol consumption it is likely they have been abusing alcohol for some time. The students in the Alcohol and Drug Education programs at both Fox Valley Technical College and Northeast Wisconsin Technical College had received citations for Juvenile Alcohol violations and had volunteered for the classes to reduce the sanctions they paid upon completion of the course. The effectiveness of this early intervention in the alcohol abuse of the students is difficult to measure, and based on recidivism of violations, it appears that the older students are more successful. This could be attributed to the fact

that they are nearly of legal drinking age and so are not susceptible to further legal action for underage drinking.

If the mental state of the student is one of feeling hopeless and pessimistic than a cognitive approach to the issue of alcohol abuse will not be effective in curtailing the further use of substances. Since the co-occurrence of mental disorders and substance abuse is closely related among adolescents (SAMHSA 1999), the identification of hopelessness in students may indicate the need for further interventions.

Beck Hopelessness scale was used to determine the number of criteria met that indicate hopeless feelings, and was administered to the students in Alcohol and Drug Education classes at both Fox Valley Technical College and Northeast Wisconsin Technical College. The survey was given the first class session to the enrolled students, and individuals were identified by age only.

In the data collected the average age of the students in the Youth Alcohol and Drug Education programs at the two Technical Colleges in Northeast Wisconsin was just over seventeen years of age. There was an inverse relationship between the age of the onset of alcohol abuse and the level of hopelessness identified on the survey. As the age of the respondents increased the level of hopelessness decreased, indicating more feelings of depression among the respondents aged sixteen and younger.

Conclusions

Based on the data collected from the respondents in the classes, the relationship between the onset of substance abuse and the levels of hopelessness identified is moderate. The criteria met by the respondents aged sixteen and younger was significantly greater than that of the respondents' aged seventeen and older.

Self-medication for feelings of depression may be a contributing factor in the choice to consume alcohol while under-age, but feelings of hopelessness may also result from the fact that the youth was held accountable for the behavior of consuming alcohol. There is a relationship between the feelings of hopelessness and the age that the respondents received the Juvenile Alcohol citation, but the question remains whether the feelings of hopelessness are precipitating the alcohol abuse or a result of the receipt of the citation.

There are many extraneous factors to consider when evaluating this data, one of which is the impact on the younger respondents because the parents may first recognize their alcohol consumption at this juncture. For the respondents who were aged sixteen and younger this parental awareness may be a contributing factor to feelings of hopelessness, while the respondents aged seventeen and older were less affected by the response of the family.

Although the legal drinking age in Wisconsin is twenty-one, the respondents aged eighteen and older are considered adults in society and generally accountable only to themselves. The level of hopelessness that were identified in the respondents aged

seventeen and older may be related to the fact that they have fewer, if any parental accountability. The tendency by our society to accept that individuals aged eighteen to twenty will drink may also impact the levels of hopelessness identified by these respondents.

The survey was administered to only forty-eight students in the Alcohol and Drug Education courses in Northeastern Wisconsin and may not be a real sample of the adolescents and young adults who consume alcohol underage. Since only a small percentage of individuals are cited for violations of the Juvenile Alcohol codes, it may be misleading to assume all underage drinkers experience the same or similar levels of hopelessness.

Recommendations Related To This Study

The legal drinking age in the state is twenty-one, which indicates a period of approximately four years before the average student in the Alcohol and Drug Education program may consume alcohol legally. The difference between optimism and pessimism could determine the effectiveness of this class as early intervention for these program students. For individuals who perceive bright prospects for the future the high risk behavior of underage drinking may be less tempting.

If the Technical Colleges were to separate the classes according to the age of the students then curriculum could be developed which is more age specific. A cognitive approach to deter the consumption of alcohol by students aged seventeen and older may work more effectively than with students aged sixteen and younger. It may be appropriate to provide options other than academic courses for individuals who abuse alcohol, as determined by the receipt of a Juvenile Alcohol citation, for students aged sixteen and younger.

A further consideration is to mandate the participation of parents should the students be under the age of sixteen to facilitate family support and affiliation. If the levels of hopelessness are a factor, both before or after the alcohol abuse occurs, the joint response by both student and parents may circumvent subsequent substance abuse.

Recommendations for Further Study

Virtually every municipality in the state exercises the prerogative to mandate different consequences for Juvenile Alcohol violation. The impact of the various consequences may also contribute to the levels of hopelessness in the respondents, so further studies could be done to determine the extent of the variance in sanctions across the state of Wisconsin. Further studies could also identify if the approach to deter underage drinking is cooperative in nature or competitive which could lead to confusion on the part of the juvenile offenders.

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Appendix 1

Please answer the following questions by placing a check in either the true or false column.

	TRUE	FALSE
1. I look forward to the future with hope and enthusiasm.	_____	_____
2. I might as well give up because I can't make things better for myself.	_____	_____
3. When things are going badly, I am helped by knowing they can't stay that way forever.	_____	_____
4. I can't imagine what my life would be like in 10 years.	_____	_____
5. I have enough time to accomplish the things I most want to do.	_____	_____
6. In the future, I expect to succeed in what concerns me most.	_____	_____
7. My future seems dark to me.	_____	_____
8. I expect to get more of the good things in life than the average person.	_____	_____
9. I just don't get the breaks and there's no reason to believe I will in the future.	_____	_____
10. My past experiences have prepared me well for my future.	_____	_____
11. All I can see ahead of me is unpleasantness rather than pleasantness	_____	_____
12. I don't expect to get what I really want.	_____	_____
13. When I look ahead to the future, I expect I will be happier than I am now.	_____	_____
14. Things just won't work out the way I want them to.	_____	_____

- | | | |
|---|-------|-------|
| 15. I have great faith in the future. | _____ | _____ |
| 16. I never get what I want so it's foolish to want anything. | _____ | _____ |
| 17. It is very unlikely that I will get any real satisfaction in the future. | _____ | _____ |
| 18. The future seems vague and uncertain to me. | _____ | _____ |
| 19. I look forward to more good times than bad times. | _____ | _____ |
| 20. There's no use in really trying to get something I want because I probably
won't get it. | _____ | _____ |